

MOTION TO SET ASIDE ☐ DEFAULT ☐ JUDGMENT
OR ☐ DISMISSAL; DECLARATION; NOTICE OF MOTION;
CERTIFICATE OF SERVICE

TWO-SIDED FORM
Form #3DC42

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Defendant(s)	Date of Default, Judgment or Dismissal entered:

MOTION TO SET ASIDE ☐ DEFAULT ☐ JUDGMENT or ☐ DISMISSAL

Filing Party(ies) requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to the District Court Rules of Civil Procedure, Rule _____.

DECLARATION

I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am the ☐ Movant or ☐ associated with Movant as _____;

2. The following are facts why the Motion should be granted (attach continuation page, if necessary);

Date:	Signature of Declarant:
	Print/Type Name:

NOTICE OF MOTION

TO: _____;
Please take notice that this Motion will be heard by the District Judge of this Court, in his/her Courtroom, at the address checked below on _____, _____, 19____ at _____ M., or as soon thereafter as parties may be heard.

COURT ADDRESSES

- | | |
|--|--|
| <input type="checkbox"/> North & South Hilo Division | 75 Aupuni Street, Room 205, Hilo, Hawai'i 96720 |
| <input type="checkbox"/> Puna Division | 16-200 Pili Mua Street, Kea'au, Hawai'i 96749 |
| <input type="checkbox"/> North & South Kona Division | 79-7595 Haukapila Street, Kealakekua, Hawai'i 96750 |
| <input type="checkbox"/> Ka'u Division | 95-5669 Mamalahoa Highway, Na'alehu, Hawai'i 96772 |
| <input type="checkbox"/> South Kohala Division | 67-5175 Kamamalu Street, Kamuela, Hawai'i 96743 |
| <input type="checkbox"/> Hamakua Division | 45-3880 Mamane St., Honoka'a, Hawai'i 96727 |
| <input type="checkbox"/> North Kohala Division | 54-3900 Government Main Road, Kapa'au, Hawai'i 96755 |

Mailing address for the above Courts: ☐ **75 Aupuni Street, Room 205, Hilo, Hawai'i 96720** ☐ **P.O. Box 9017, 79-7595 Haukapila Street, Kealakekua, Hawai'i 96750** ☐ **67-5175 Kamamalu Street, Kamuela, Hawai'i 96743**

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery **or** ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- ☐ I DO NOT OBJECT to this Motion.
- ☐ I DISAGREE with this Motion for the following reasons:

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery **or** ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Responding Party(ies)/Responding Party(ies)' Attorney:

Print/Type Name:

In accordance with the **Americans with Disabilities Act** if you require an accommodation or assistance, please contact the District Court Administration Office at PHONE NO. 961-7470, FAX 961-7447, or TTY 961-7525 at least ten (10) working days in advance of your hearing or appointment date.